| Attorney | Docket No. |
|----------|------------|
|----------|------------|

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING BIRCH, STEWART, KOLASCH & BIRCH, LLP
P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

| nsert Title: | MSSN dispersions | and method | l for producing th | e same | | | | |
|---|---|---|--|---|---|--|--|--|
| Fill in Appropriate | the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: | | | | | | | |
| nformation - | The specification wa | as filed on | | | | as | | |
| For Use Without Specification | United States Appli and amended on | ication Number | | | (if applicable | and/or | | |
| Attached: | United States Application Number and amended on the specification was filed on | | | | | _asrCi | | |
| | | cation Number | PCT/EP2004/00158 | 9 | ; and was | | | |
| | | amended on (if applicable) | | | | | | |
| | I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal | | | | | | | |
| | Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: | | | | | | | |
| | Prior Foreign Applica | | , | | Priority (| Claimed | | |
| nsert Priority nformation: | 103 12 763.1 | Germany | | March 21, 2003 | [7] | | | |
| if appropriate) | (Number) | (Country) | | (Month/Day/Year Filed) | ☑ Yes | J ₂₀ | | |
| | • | , , , , , | | , , , , , , | | | | |
| | (Number) | (Country) | | (Month/Day/Year Filed) | Yes | No | | |
| | (Number) | (Country) | | (Month/Day/Year Filed) | Yes | □ No | | |
| | (Number) | (Country) | | (Month/Day/Year Filed) | ☐ Yes | □ No | | |
| | I hereby claim the benefi | t under Title 35 | , United States Code, §17 | 19(e) of any United States provision | nal applications(s) lis | sted below. | | |
| nsert Provisional Application(s): if any) | (Application Number) | | | (Filing Date) | | <u></u> | | |
| | (Application Number) (Filing Date) | | | | | | | |
| | All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: | | | | | | | |
| | Country | | Application Number | Date of Filing (M | onth/Day/Year) | | | |
| nsert Requested nformation: if appropriate) | | | | | | | | |
| | I hereby claim the beneficontinuation-in-part app disclosed in the prior Ur Code, §112, I acknowle Federal Regulations, §1 international filing date | fit under Title : blication(s) liste uited States and dge the duty to .56 which becomes of this application | 35, United States Code, ged below and, insofar as lower of PCT application in to disclose information warme available between ion. | \$120 of any United States and/or the subject matter of each of the he manner provided by the first pa- thich is material to the patentabili the filing date of the prior appli | PCT application(s), claims of this applaragraph of Title 35, ty as defined in Title attornation and the nat | including for lication is not United States e 37, Code of ional or PCT | | |
| nsert Prior U.S. | (A 1: .: | | (T) | <u> </u> | | | | |
| Application(s): if any) | (Application Number) | | (Filing Date) | (Status - patented | l, pending, abandon | ed) | | |
| age 1 of 2 Rev. 05/2004) | (Application Number) | | (Filing Date) | (Status - patented | l, pending, abandon | ed) | | |

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| full Name of First or Soje Inventor: rsert Name of Inventor rsert Date This Document is Signed | GIVEN NAME/FAMILY NAME Dr. Gerd Dahms | INVENTOR'S SIGNATURE | / | DATE* | | | |
|--|--|---------------------------------|-----------------------|-------|--|--|--|
| nsert Residence nsert Citizenship → | Residence (City, State & Country) 47138 Duisburg, Germany | | CITIZENSHIP German | | | | |
| nsert Post Office Address → | MAILING ADDRESS (Complete Street Address including City, State & Country) | | | | | | |
| | Koopmannstraße 59a 47138 Duisburg Germany | | | | | | |
| Full Name of Second Inventor, if any: see above | GIVEN NAME/FAMILY NAME Holger Seidel | INVENTORS SIGNATURE | l | DATE* | | | |
| | Residence (City, State & Country) | 77 (1) | CITIZENSHII | | | | |
| | 47005 Duisburg, Germany | 1 0 0 | German | | | | |
| | MAILING ADDRESS (Complete Street Address including City, State & Country) Im Hort 43, 47055 Duisburg, Germany | | | | | | |
| Full Name of Third Inventor, if any: see above | GIVEN NAME/FAMILY NAME | INVENTOR'S SIGNATURE | | DATE* | | | |
| | Residence (City, State & Country) | | CITIZENSHII |) | | | |
| | MAILING ADDRESS (Complete Street Address i | ncluding City, State & Country) | | | | | |
| Full Name of Fourth Inventor, if any: see above | GIVEN NAME/FAMILY NAME | INVENTOR'S SIGNATURE | | DATE* | | | |
| | Residence (City, State & Country) | | CITIZENSHII | | | | |
| | MAILING ADDRESS (Complete Street Address including City, State & Country) | | | | | | |
| Full Name of Fifth Inventor, if any: see above | GIVEN NAME/FAMILY NAME | INVENTOR'S SIGNATURE | | DATE* | | | |
| | Residence (City, State & Country) | | CITIZENSHII |) | | | |
| | MAILING ADDRESS (Complete Street Address including City, State & Country) | | | | | | |
| Full Name of Sixth Inventor, if any: see above | GIVEN NAME/FAMILY NAME | INVENTOR'S SIGNATURE | | DATE* | | | |
| | Residence (City, State & Country) | | CITIZENSHII | | | | |
| | MAILING ADDRESS (Complete Street Address including City, State & Country) | | | | | | |
| | | | | | | | |

Page 2 of 2 (Rev. 05/2004)

*DATE OF SIGNATURE